

Submitting Professional Services Claims to Medicare with a Taxonomy Code

The Agency's HIPAA team has developed this factsheet as a guide for Washington State Medicaid professional services providers that have Medicare/Medicaid eligible clients. The information on this factsheet should aid providers billing Medicare for the dual eligible clients so their claims automatically cross over to the Agency with the required taxonomy code.

Professional Services Medicare Cross Over Claims

Guideline:

Medicare will allow the appropriate submittal of taxonomy codes per the Federal Implementation guides, yet do not require it for adjudication. We have inserted Medicare's instruction regarding taxonomy submittal below; *"Medicare does not require taxonomy codes be submitted in order to adjudicate claims, but will accept the taxonomy code, if submitted. However, taxonomy codes that are submitted must be valid against the taxonomy code set published at <http://www.wpc-edi.com/codes/taxonomy>. Claims submitted with invalid taxonomy codes will be rejected."*

Process:

When submitting your claims to Medicare that may crossover to Medicaid, there are scenarios to take into account. Depending on your billing requirements to the Agency you will need to submit taxonomy in the following fashion.

Scenario 1: The Agency billing requires you to submit both a group/clinic **NPI/Taxonomy Code** and Rendering Provider's **NPI/Taxonomy Code**. If this is the case, submit the group/clinic Taxonomy Code in Loop 2000A (box 33b) and submit the rendering provider Taxonomy Code in Loop 2310B (box 24j). When you are submitting to Medicaid directly you will need to submit at both levels also.

Scenario 2: The Agency billing requires the submittal of group/clinic/facility **NPI/Taxonomy** and no Rendering Provider information. If this is the case, you will submit with only the 2000A (box 33b) level taxonomy for those claims submitted to Medicare primary. Additionally when you are submitting to Medicaid directly for this scenario, you would also only submit the 2000A (33b) taxonomy.

Scenario 3: A solo practice provider's billing requires only the **NPI/Taxonomy** as the billing provider and rendering provider is the same person. The solo provider would submit with only the 2000A (box 33b) level taxonomy for those claims submitted to Medicare primary. Additionally when you are submitting to Medicaid directly for this scenario, you would also only submit the 2000A (33b) taxonomy

NOTE: If you are using a clearinghouse to submit your claims and need assistance verifying the raw data in your claim, please call your clearinghouse to obtain the "File Name" of the file that they submitted to the Agency. Please include that file name in your email for assistance to Hipaa-Help@dshs.wa.gov.

You can see the complete set of instructions for electronic billing in the Agency ProviderOne Companion Guides at web site <http://hrsa.dshs.wa.gov/dshshipaa/>